



Audiology Follow-up Services Report (FSR)

Louisiana Department of Health and Hospitals | Office of Public Health
Early Hearing Detection and Intervention (EHDI) Program

www.ehdi.dhh.la.gov

Report LTF within
2 months from
NEWBORN HEARING
SCREENING DATE
FAX# (504) 568-5854

Lost to Follow-up (LTF) Report

Child's Last Name (on birth certificate)		Child's First Name (on birth certificate)		Middle Name		Suffix	DOB
Mother's Last Name		Mother's First Name		Mother's Maiden Name		Phone #	Alternate Phone #
Address		City		State	Zip	Alternate Phone #	Email
Birth Hospital/Facility		Primary Care Physician (PCP)			PCP City		
Audiology Facility Name		Audiologist Name		Facility Phone		Facility Fax	

Are there any RISK FACTORS for progressive or late onset hearing loss? Check all that apply

☐ **No Risk Factors Identified**

- ☐ Family History of Permanent Childhood Hearing Loss
- ☐ Defects of Head/Ears/Neck
- ☐ Ototoxic Meds >5 days or Combined with Loop Diuretics
- ☐ Neonatal Intensive Care **Over 5 Days**
- ☐ Extracorporeal Membrane Oxygenation (ECMO)
- ☐ Persistent Pulmonary Hypertension of the Newborn (PPHN)
- ☐ Head Trauma
- ☐ Neurodegenerative Disorders

- ☐ In-utero/Congenital Infections (CMV, rubella, etc)
- ☐ Exchange Transfusion Due to Elevated Bilirubin
- ☐ Findings/Syndromes Associated with Hearing Loss
Specify Findings : _____
- ☐ Chemotherapy
- ☐ Postnatal Infection (ex., bacterial meningitis)
- ☐ Prolonged Mechanical Ventilation
- ☐ Recurrent or Persistent Otitis Media with Effusion
for at Least 3 Months

☐ **Patient Lost to Follow-up for YOUR Facility** (Check all that apply)

Date: _____

☐ Missed Appointments

☐ Cannot Contact: (If cannot contact, required to enter at least 1 option)

Phone: ☐ Phone Disconnected ☐ Phone No Answer ☐ No Response to Voice Message

Letter Mailed: ☐ Letter Returned ☐ Letter No Response

☐ Physician Re-screened. Please enter Who? _____ City _____

☐ Moved out of state: If known, please enter Where? _____

☐ Other – Explain _____

Comments: